**PERFORMANCE WORK STATEMENT (PWS)**

***Defense Health Agency (DHA)***

***Research and Development (J9)***

***7700 Arlington Boulevard, Falls Church, Virginia 22042***

***\*Note that this sample has been revised from the source document on the Government Point of Entry as necessary to align formatting and applicable FAR procedures.\****

1. **GENERAL:** This is a non-personal professional services contract to provide 9 total FTEs of which 2 FTEs are optional and will remain unfunded until FTEs are required. The Base Contract will be for 4 funded FTEs and 3 FTES will remain unfunded until the summer of fiscal year 2018 when all support services FTEs will be consolidated under one support contract for the Research and Development (J9) organization. The Government shall not exercise any supervision or control over the contract service providers performing the services herein. Such contract service providers shall be accountable solely to the Contractor who, in turn is responsible to the Government.

1.1 Description of Services/Introduction: The contractor shall provide all personnel, equipment, supplies, facilities, transportation, tools, materials, supervision, and other items and non-personal services necessary to perform assistant program management as defined in this Performance Work Statement except for those items specified as government furnished property and services. The contractor shall perform to the standards in this contract.

1.2 Background: DHA/J9 has responsibilities for overseeing and managing a very complex medical research portfolio with oversight responsibilities of approximately $1.7B/yr DHP RDT&E resources, ensuring service equity, full visibility and insight into financial and programmatic activities, and development of process improvements for greater efficiencies. The contractor shall provide support coordinating with the Joint Staff, the Military Departments, and Combatant Commands.

1.3 Objectives: The objective of this Performance Work statement is to define the support required to assist the DHA/J9 Directorate in meeting its mission by providing wide range program management, portfolio management, task management, subject matter expert, scientific, analytical and return on investment services to support Defense Health Program(DHP) Research and Development budget activities.

Total requirements are for 9 FTEs of which 3 will remain unfunded until the summer of FY 2018.

**1.3A Sub-Objectives: 9 total FTEs: (4-Funded FTEs, 3-Unfunded FTEs Until (Option Period 1) Summer of FY18, & 2-FTEs Not Funded with Optional CLINs to Fund if Required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labor**  **Categories** | **FTEs Funded in Base** | **FTEs Funded in Summer of FY2018** | **Optional CLINS FTEs (Not Funded)** | **Remarks /**  **Comments** |
| Scientist / Subject Matter Expert (mid- level) | **X** |  |  | Funded in Base |
| Program Analyst (mid-level) | **X** |  |  | Funded in Base |
| Program Analyst (mid-level) | **X** |  |  | Funded in Base |
| Program Manager / Task Manager (mid-level) | **X** |  |  | Funded in Base |
| Scientist / Technical Specialist (low to mid-level) |  | **X** |  | Funded in OP #1 |
| Program Manager / Task Manager (low to mid-level) |  | **X** |  | Funded in OP # 1 |
| Program Analyst (mid-level) |  | **X** |  | Funded in OP # 1 |
| Return on Investment Analyst (low to mid-level) |  |  | **X** | Unfunded FTE |
| Return on Investment Analyst (low to mid-level) |  |  | **X** | Unfunded FTEs |

**1.3A.1: Subject Matter Expert or Senior Scientist (1-FTE Funded at Base)**

* Serves as the principle advisors to the DHA Deputy Director on Research, Evaluation, Testing & Evaluation (RDT&E) Programs in Combat Casualty Care and Military Operational Medicine and related disciplines.
* Responsible for providing technical and scientific evaluation of material and non-material products in Medical RDT&E. Coordinates with other agencies, research institutes, and the Components executing programs in Medical RDT&E programs.
* Develops and maintains an integrated, harmonized management plan and master schedule for RDT&E Operations for each area to include clinical research programs, interagency coordination efforts, and establishment of quality control measures.

**1.3A.2: Program Analyst (2-FTEs at Base)**

Assist the program manager in planning, coordinating, and monitoring the execution of Defense Health Program (DHP) RDT&E funding.

* Assist development of plans to link the DHP medical R&D programs with the military Services clinical investigations programs.
* Assist with providing program and process oversight for DHP medical R&D programs.
* Assure DHP medical R&D programs are aligned with appropriate Joint Force Health Protection Capability Gaps and Secretary of Defense direction on medical R&D.
* Assist with maintaining technology watches for innovations in clinical translational medicine to reset wounded warriors relative to duty performance and quality of life.
* Coordinating activities within and external to the DHP Medical R&D Office.

**1.3A.3: Program Manager / Task Managers (1-FTE Funded at Base)**

* Assist the program manager in planning, coordinating, and monitoring the execution of Defense Health Program (DHP) RDT&E policy and oversight activities.
* Assist development of plans to link the DHP medical R&D programs with other DoD Component programs and other Federal agency programs.
* Assist with providing coordination with Executive branch offices such as OSTP and OMB.
* Assure DHP medical R&D programs are aligned with appropriate Joint Force Health Protection Capability Gaps and Secretary of Defense direction on medical R&D.
* Assist with maintaining science and technology coordination across federal agencies and international activities.
* Coordinating activities within and external to OASD(HA).

**1.3A.4: Scientist / Technical Specialist (-FTE Unfunded Until Summer of FY 2018)**

* Serves as the principle advisors to the DHA Deputy Director on Research, Evaluation, Testing & Evaluation (RDT&E) Programs in Combat Casualty Care and Military Operational Medicine and related disciplines.
* Responsible for providing technical and scientific evaluation of material and non-material products in Medical RDT&E. Coordinates with other agencies, research institutes, and the Components executing programs in Medical RDT&E programs.
* Develops and maintains an integrated, harmonized management plan and master schedule for RDT&E Operations for each area to include clinical research programs, interagency coordination efforts, and establishment of quality control measures.

**1.3A.5: Program Manager / Task Managers (1-FTE Unfunded Until Summer of FY 2018)**

* Assist the program manager in planning, coordinating, and monitoring the execution of Defense Health Program (DHP) RDT&E programs and related activities..
* Assist the DHA/J9 with novel tactics, techniques and procedures to track the efficiency of the DHP medical R&D investments in the year of execution.
* Assist with providing coordination with Services medical R&D activities as well as DHA Directorates.
* Assist with maintaining science and technology coordination across federal agencies and international activities.
* Assist with coordinating activities within Military Health System (MHS) and the DHP R&D activities.

**1.3A.6: Program Analyst (1-FTE Unfunded Until Summer of FY 2018)**

* Assist DHA/J9 with program management planning, coordinating, and monitoring the execution of Defense Health Program (DHP) RDT&E portfolio.
* Assist DHA/J9 with the development of plans to link the DHP medical R&D portfolio with other medical research initiatives across the Department.
* Assist DHA/J9 with providing coordination with other DHP Components.
* Assist DHA/J9 with the alignment of DHP medical R&D programs with appropriate HA and other governing guidance for direction on medical R&D.
* Assist DHA/J9 with tracking science and technology coordination efforts across federal agencies and international activities.
* Assist DHA/J9 with coordinating activities within and external to DHA/J9.

**1.3A.7: Return on Investment Analyst (2-FTEs Unfunded Optional CLINs)**

* Assist the RDT&E program manager in planning, coordinating, and monitoring the outcomes and impact of the Defense Health Program (DHP) RDT&E program.
* Assist development of plans to link the DHP medical R&D programs with military health systems treatment and outcomes.
* Assist with providing program and process oversight for returns on investment for specific RDT&E programs.
* Assure DHP medical R&D programs are aligned with specific solutions.
* Assist with maintaining technology watches and best practices for innovations in economic modeling in health and health outcomes.
* Assist with maintaining technology watches and best practices for innovations in economic modeling and estimation of savings in operational and clinical care.
* Assist the program manager and the budget analyst in developing financial outcome metrics and models for Medical RDT&E.
* Coordinating activities within and external to the DHP Medical R&D Office related to their area of advanced economic and health care modeling

1.4 Scope: The 9 FTEs of which 3 will remain unfunded until the summer of FY 2018.

**1.4A Scope: 9 total FTEs: (4-Funded FTEs, 3-Unfunded FTEs Until (Option Period 1) Summer of FY18, & 2-FTEs Not Funded with Optional CLINs to Fund if Required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Labor**  **Categories** | **FTEs Funded in Base** | **FTEs Funded in Summer of FY2018** | **Optional CLINS FTEs (Not Funded)** | **Remarks /**  **Comments** |
| Scientist / Subject Matter Expert (mid- level) | **X** |  |  | **Funded in Base** |
| Program Analyst (mid-level) | **X** |  |  | **Funded in Base** |
| Program Analyst (mid-level) | **X** |  |  | **Funded in Base** |
| Program Manager / Task Manager (mid-level) | **X** |  |  | **Funded in Base** |
| Scientist / Technical Specialist (low to mid-level) |  | **X** |  | **Funded in OP # 1** |
| Program Manager / Task Manager (low to mid-level) |  | **X** |  | **Funded in OP # 1** |
| Program Analyst (mid-level) |  | **X** |  | **Funded in OP # 1** |
| Return on Investment Analyst (low to mid-level) |  |  | **X** | **Unfunded FTE** |
| Return on Investment Analyst (low to mid-level) |  |  | **X** | **Unfunded FTEs** |

**1.4A.1: Senior Scientist / Subject Matter Expert (1-FTE Funded in Base)**

* Possess intimate knowledge of DoD medical research, development, and acquisition processes for oversight and administration of the DHP RDT&E appropriation
* Provide and integrate R&D program alternatives for analysis and evaluation.
* Review and integrate R&D program compliance with DoD research policies and procedures.
* Translate and integrate Service specific capability and research requirements into a coherent DoD medical R&D program.
* Possess knowledge of how to coordinate/integrate Joint Staff and Combatant Command medical research requirements with all components a coherent DoD medical R&D program.
* Define integrated goals and priorities for assigned medical research specific program areas.
* Possess knowledge to technically assess medical research projects and portfolio investments across all Joint Program Committees.
* Develop R&D briefings with accomplishments and goals from assigned research program investments on a monthly basis or as needed.
* Develop background and summary reports on selected R&D programs for translation.
* Develop a weekly status update to include relevant completed items, potential risks and issues, and action items on updating selected R&D projects.
* Utilizing corporate knowledge of DoD medical research processes, anticipate and ensure early identification of program problems and direction, resource shortfalls and technical deficiencies and provide timely direction for corrective action or resolution of issues.
* Develop an integrated background and summary report on selected R&D programs.
* Develop an integrated quarterly report on candidate translational R&D activities for assigned program areas.
* Develop and maintain an integrated management plan and master schedule for assigned programs.
* Develop narrative program descriptions integrating R&D base objectives and materiel development and procurement programs in support of functional plans, programs, and budget submissions.
* Assist in monitoring and integrating program execution and resource utilization for compliance with guidance and tasking’s.
* Provide staff assistance to the Director to evaluate program performance.
* Provide staff assistance to the Director on interactions and requests for support from DoD organizations.

**1.4A.2: Program Analyst (2-FTE Funded in Base)**

* Assist in providing and integrating R&D program alternatives for analysis and evaluation.
* Assist in reviewing and integrating R&D program compliance with R&D policies and procedures.
* Assist in translating and integrating Service member needs, and capability requirements into a coherent medical R&D program to:
* Define integrated goals and priorities for assigned program areas.
* Develop a monthly report on the execution of current awards and present informal presentation or briefing to the Program Director.
* Develop R&D briefings with accomplishments and translational efforts from current program investments on a monthly basis.
* Develop background and summary reports on selected R&D programs for translation.
* Develop a weekly status update to include relevant completed items, potential risks and issues, and action items on updating selected R&D projects.
* Develop a quarterly report on candidate translational R&D activities.
* Develop and integrate required planning data (technical and resource), priorities, and supporting rationale to justify program requirements.
* Anticipate and ensure early identification of program resource shortfalls and technical deficiencies and provide timely direction for corrective action or resolution of issues.
* Develop an integrated monthly report on execution data on current awards and present informal briefings.
* Develop an integrated R&D briefing on the accomplishments and translational efforts from current program investments.
* Develop an integrated background and summary report on selected R&D programs for translations.
* Develop an integrated weekly status update to include relevant completed items, potential risks, issues, and action items on updating selected R&D projects.
* Develop an integrated quarterly report on candidate translational R&D activities.
* Develop and maintain an integrated management plan and master schedule for assigned programs.
* Develop narrative program descriptions integrating R&D base objectives and materiel development and procurement programs in support of functional plans, programs, and budget submissions.
* Assist in monitoring and integrating program execution and resource utilization for compliance with guidance and tasking’s.
* Provide staff assistance to the Director to evaluate program performance.
* Provide staff assistance to the Director on interactions and requests for support from DoD organizations.
* Provide staff support for technical assistance to other agencies for conduct of research studies and developmental test and evaluation, as required.
* Provide staff support for integrated program requirements, including those associated with Lead and Executive Agent responsibilities.

**1.4A.3: Program Manager / Task Manager (1-FTE Funded in Base)**

- Assist in providing and integrating R&D policy alternatives for analysis and evaluation.

- Assist in assuring R&D policy compliance.

- Assist in translating and integrating Service member needs, and capability requirements into a

Coherent medical R&D policy to:

-Define integrated goals and priorities for policy areas.

-Develop a monthly report on policy compliance and oversight activities and present

informal presentation or briefing to the Program Director.

- Develop background and summary reports on selected R&D policy and oversight

matters.

-Develop a weekly status update to include relevant completed items, potential risks and

issues, and action items on updating selected R&D policy and oversight matters.

-Provide staff assistance to the Director to evaluate the merits of existing policy and

policy reform.

- Provide staff assistance to the Director on interactions and requests for support from

DoD and other Federal organizations.

**1.4A.4: Scientist / Technical Specialist (1-Unfunded Until Summer of FY 2018)**

* Provide and integrate R&D program alternatives for analysis and evaluation.
* Review and integrate R&D program compliance with R&D policies and procedures.
* Translate and integrate Service member needs, and capability requirements into a coherent medical R&D program to:
* Define integrated goals and priorities for assigned program areas.
* Technically assess project and portfolio investments in Combat Casualty Care, Military Operational Medicine and related disciplines.
* Develop R&D briefings with accomplishments and goals from assigned program investments on a monthly basis.
* Develop background and summary reports on selected R&D programs for translation.
* Develop a weekly status update to include relevant completed items, potential risks and issues, and action items on updating selected R&D projects..
* Anticipate and ensure early identification of program problems and direction, resource shortfalls and technical deficiencies and provide timely direction for corrective action or resolution of issues.
* Develop an integrated background and summary report on selected R&D programs.
* Develop an integrated quarterly report on candidate translational R&D activities for assigned program areas.
* Develop and maintain an integrated management plan and master schedule for assigned programs.
* Develop narrative program descriptions integrating R&D base objectives and materiel development and procurement programs in support of functional plans, programs, and budget submissions.
* Assist in monitoring and integrating program execution and resource utilization for compliance with guidance and tasking’s.
* Provide staff assistance to the Director to evaluate program performance.
* Provide staff assistance to the Director on interactions and requests for support from DoD organizations.

**1.4A.5: Program Manager / Task Manager (1-Unfunded Until Summer of FY 2018)**

- Assist in providing and integrating R&D policy alternatives for analysis and evaluation.

- Assist in assuring R&D policy compliance.

- Assist in translating and integrating Service member needs, and capability requirements into a

Coherent medical R&D policy to:

- Define integrated goals and priorities for policy areas.

- Develop a monthly report on policy compliance and oversight activities and present

informal presentation or briefing to the Program Director.

* Develop background and summary reports on selected R&D policy and oversight

matters.

* Develop a weekly status update to include relevant completed items, potential risks and

issues, and action items on updating selected R&D policy and oversight matters.

* Provide staff assistance to the Director to evaluate the merits of existing policy and

policy reform.

- Provide staff assistance to the Director on interactions and requests for support from

DoD and other Federal organizations.

**1.4A.6: Return on Investment Analyst ((2-FTEs Unfunded Optional CLINs)**

* Assist in providing and integrating R&D program alternatives for analysis and evaluation.
* Assist in reviewing and integrating quantitative and qualitative models for measuring the return on investment (ROI) for Medical RDT&E.
* Assist in translating and integrating empirical ROI models into R&D processes to:
* Define integrated goals and priorities for assigned program areas.
* Tracks cost and schedule performance for all DHP portfolios.
* Develop a system of performance measurement tools.
* Develop and conduct management studies that evaluates portfolio effectiveness
* Tracks metrics for program and task area.
* Track accomplishments and translational efforts from current program investments on a monthly basis.
* Analyze background and summary reports on selected R&D programs for translation.
* Analyze relevant completed items, potential risks and issues, and action items on updating selected R&D projects.
* Analyze candidate translational R&D activities on a quarterly basis
* Develop and integrate required planning data (technical and resource), priorities, and supporting rationale to justify program requirements.
* Provide staff assistance to the Director to evaluate program performance and projected performance.
* Provide staff support for technical assistance to other agencies for conduct of research related ROI..
* Develops a comprehensive Return on Investment (ROI) methodology for the R&D program at the task and subtask level for Combat Casualty Care, Military Operational Medicine, Infectious Disease, Rehabilitative Medicine, and Medical Modeling and Simulation.
* Provide ROI linkage to the planning and programming processes.
  1. Period of Performance: The period of performance shall be for one (1) Base Year of 12 months and four (4) 12-months option years. The Period of Performance reads as follows:

Base Year: 15 March 2017 – 14 March 2018

Option Year I: 15 March 2018 – 14 March 2019

Option Year II: 15 March 2019 – 14 March 2020

Option Year III: 15 March 2020 – 14 March 2021

Option Year IV: 15 March 2021 – 14 March 2022

1.6 General Information

1.6.1 Quality Control: The contractor shall develop and maintain an effective quality control program to ensure services are performed in accordance with this PWS. The contractor shall develop and implement procedures to identify, prevent, and ensure non-recurrence of defective services. The contractor’s quality control program is the means by which he assures himself that his work complies with the requirement of the contract. The QCP will be delivered within 30 days after contract award. After acceptance of the quality control plan the contractor shall receive the contracting officer’s acceptance in writing of any proposed change to his QC system.

1.6.2 Quality Assurance: The government shall evaluate the contractor’s performance under this contract in accordance with the Quality Assurance Surveillance Plan. This plan is primarily focused on what the Government must do to ensure that the contractor has performed in accordance with the performance standards. It defines how the performance standards will be applied, the frequency of surveillance, and the minimum acceptable defect rate(s).

1.6.3 Recognized Holidays:The contractor is not required to perform services on holidays.

New Year’s Day Labor Day

Martin Luther King Jr.’s Birthday Columbus Day

President’s Day Veteran’s Day

Memorial Day Thanksgiving Day

Independence Day Christmas Day

1.6.4 Hours of Operation: The contractor is responsible for conducting business, between the hours of 0730-1630 Monday thru Friday except Federal holidays or when the Government facility is closed due to local or national emergencies, administrative closings, or similar Government directed facility closings. For other than firm fixed price contracts, the contractor will not be reimbursed when the government facility is closed for the above reasons. The Contractor must at all times maintain an adequate workforce for the uninterrupted performance of all tasks defined within this PWS when the Government facility is not closed for the above reasons. When hiring personnel, the Contractor shall keep in mind that the stability and continuity of the workforce are essential.

1.6.5 Place of Performance: The work to be performed under this contract will be performed at the Defense Health Headquarters, 7700 Arlington Blvd, Falls Church, VA 22042.

1.6.6 Type of Contract: The government will award a (Type of contract to be determined by CCE and the customer).

1.6.7 Security Requirements: Contractor personnel performing work under this contract must have a Control-Unclassified Clearance at time of the proposal submission, and must maintain the level of security required for the life of the contract. All contract personnel shall sign and is required to have a Non-Disclosure-Agreement (NDA) on file (See ATT 1 NDA (Contractor Post Award) - DHA Form 49).

1.6.7.1 Physical Security: The contractor shall be responsible for safeguarding all government equipment, information and property provided for contractor use. At the close of each work period, government facilities, equipment, and materials shall be secured.

1.6.7.2 Key Control: The Contractor shall establish and implement methods of making sure all keys/key cards issued to the Contractor by the Government are not lost or misplaced and are not used by unauthorized persons. NOTE: All references to keys include key cards. No keys issued to the Contractor by the Government shall be duplicated. The Contractor shall develop procedures covering key control that shall be included in the Quality Control Plan. Such procedures shall include turn-in of any issued keys by personnel who no longer require access to locked areas. The Contractor shall immediately report any occurrences of lost or duplicate keys/key cards to the Contracting Officer.

1.6.7.2.1. In the event keys, other than master keys, are lost or duplicated, the Contractor shall, upon direction of the Contracting Officer, re-key or replace the affected lock or locks; however, the Government, at its option, may replace the affected lock or locks or perform re-keying. When the replacement of locks or re-keying is performed by the Government, the total cost of re-keying or the replacement of the lock or locks shall be deducted from the monthly payment due the Contractor. In the event a master key is lost or duplicated, all locks and keys for that system shall be replaced by the Government and the total cost deducted from the monthly payment due the Contractor.

1.6.7.2.2. The Contractor shall prohibit the use of Government issued keys/key cards by any persons other than the Contractor’s employees. The Contractor shall prohibit the opening of locked areas by Contractor employees to permit entrance of persons other than Contractor employees engaged in the performance of assigned work in those areas, or personnel authorized entrance by the Contracting Officer.

1.6.7.3 Lock Combinations: N/A

1.6.8 Special Qualifications: N/A

1.6.9 Post Award Conference/Periodic Progress Meetings: The Contractor agrees to attend any post award conference convened by the contracting activity or contract administration office in accordance with Federal Acquisition Regulation Subpart 42.5. The contracting officer, Contracting Officers Representative (COR), and other Government personnel, as appropriate, may meet periodically with the contractor to review the contractor's performance. At these meetings the contracting officer will apprise the contractor of how the government views the contractor's performance and the contractor will apprise the Government of problems, if any, being experienced. Appropriate action shall be taken to resolve outstanding issues. These meetings shall be at no additional cost to the government.

1.6.10 Contracting Officer Representative (COR): The (COR) will be identified by separate letter. The COR monitors all technical aspects of the contract and assists in contract administration The COR is authorized to perform the following functions: assure that the Contractor performs the technical requirements of the contract: perform inspections necessary in connection with contract performance: maintain written and oral communications with the Contractor concerning technical aspects of the contract: issue written interpretations of technical requirements, including Government drawings, designs, specifications: monitor Contractor's performance and notifies both the Contracting Officer and Contractor of any deficiencies; coordinate availability of government furnished property, and provide site entry of Contractor personnel. A letter of designation issued to the COR, a copy of which is sent to the Contractor, states the responsibilities and limitations of the COR, especially with regard to changes in cost or price, estimates or changes in delivery dates. The COR is not authorized to change any of the terms and conditions of the resulting order.

1.6.11 Key Personnel: The follow personnel are considered key personnel by the government: contract manager/alternate contract manager. The contractor shall provide a contract manager who shall be responsible for the performance of the work. The name of this person and an alternate who shall act for the contractor when the manager is absent shall be designated in writing to the contracting officer. The contract manager or alternate shall have full authority to act for the contractor on all contract matters relating to daily operation of this contract. The contract manager or alternate shall be available between [0730 – 1630] Monday thru Friday except Federal holidays or when the government facility is closed for administrative reasons.

1.6.12 Identification of Contractor Employees: All contract personnel attending meetings, answering Government telephones, and working in other situations where their contractor status is not obvious to third parties are required to identify themselves as such to avoid creating an impression in the minds of members of the public that they are Government officials. They must also ensure that all documents or reports produced by contractors are suitably marked as contractor products or that contractor participation is appropriately disclosed. All contractor personnel must wear appropriate identification badges as determined by the government.

1.6.13 Contractor Travel: Contractor will be required to travel CONUS and within the NCR during the performance of this contract to attend meetings and conferences. The contractor may be required to travel to off-site training locations and to ship support material to these locations in support of this PWS. Contractor will be authorized travel expenses consistent with the substantive provisions of the Joint Travel Regulation (JTR) and the limitation of funds specified in this contract. **All travel requires Government approval/authorization and notification to the COR**.

1.6.14 Other Direct Costs: N/A

1.6.15 Data Rights: The Government has unlimited rights to all documents/material produced under this contract. All documents and materials, to include the source codes of any software, produced under this contract shall be Government owned and are the property of the Government with all rights and privileges of ownership/copyright belonging exclusively to the Government. These documents and materials may not be used or sold by the contractor without written permission from the Contracting Officer. All materials supplied to the Government shall be the sole property of the Government and may not be used for any other purpose. This right does not abrogate any other Government rights.

1.6.16 Organizational Conflict of Interest: Contractor and subcontractor personnel performing work under this contract may receive, have access to or participate in the development of proprietary or source selection information (e.g., cost or pricing information, budget information or analyses, specifications or work statements, etc.) or perform evaluation services which may create a current or subsequent Organizational Conflict of Interests (OCI) as defined in FAR Subpart 9.5. The Contractor shall notify the Contracting Officer immediately whenever it becomes aware that such access or participation may result in any actual or potential OCI and shall promptly submit a plan to the Contracting Officer to avoid or mitigate any such OCI. The Contractor’s mitigation plan will be determined to be acceptable solely at the discretion of the Contracting Officer and in the event the Contracting Officer unilaterally determines that any such OCI cannot be satisfactorily avoided or mitigated, the Contracting Officer may affect other remedies as he or she deems necessary, including prohibiting the Contractor from participation in subsequent contracted requirements which may be affected by the OCI.

1.6.17 PHASE IN /PHASE OUT PERIOD: To minimize any decreases in productivity and to prevent possible negative impacts on additional services, the Contractor shall have personnel on board, during the **15** days phase in/ **30** days phase out periods. During the phase in period, the Contractor shall become familiar with performance requirements in order to commence full performance of services.

PART 2

DEFINITIONS & ACRONYMS

2. **DEFINITIONS AND ACRONYMS:**

2.1. DEFINITIONS:

2.1.1. CONTRACTOR. A supplier or vendor awarded a contract to provide specific supplies or service to the government. The term used in this contract refers to the prime.

2.1.2. CONTRACTING OFFICER. A person with authority to enter into, administer, and or terminate contracts, and make related determinations and findings on behalf of the government. Note: The only individual who can legally bind the government.

2.1.3. CONTRACTING OFFICER'S REPRESENTATIVE (COR). An employee of the U.S. Government appointed by the contracting officer to administer the contract. Such appointment shall be in writing and shall state the scope of authority and limitations. This individual has authority to provide technical direction to the Contractor as long as that direction is within the scope of the contract, does not constitute a change, and has no funding implications. This individual does NOT have authority to change the terms and conditions of the contract.

2.1.4. DEFECTIVE SERVICE. A service output that does not meet the standard of performance associated with the Performance Work Statement.

2.1.5. DELIVERABLE. Anything that can be physically delivered, but may include non-manufactured things such as meeting minutes or reports.

2.1.6. KEY PERSONNEL. Contractor personnel that are evaluated in a source selection process and that may be required to be used in the performance of a contract by the Key Personnel listed in the PWS. When key personnel are used as an evaluation factor in best value procurement, an offer can be rejected if it does not have a firm commitment from the persons that are listed in the proposal.

2.1.7. PHYSICAL SECURITY. Actions that prevent the loss or damage of Government property.

2.1.8. QUALITY ASSURANCE. The government procedures to verify that services being performed by the Contractor are performed according to acceptable standards.

2.1.9. QUALITY ASSURANCE Surveillance Plan (QASP). An organized written document specifying the surveillance methodology to be used for surveillance of contractor performance.

2.1.10. QUALITY CONTROL. All necessary measures taken by the Contractor to assure that the quality of an end product or service shall meet contract requirements.

2.1.11. SUBCONTRACTOR. One that enters into a contract with a prime contractor. The Government does not have privity of contract with the subcontractor. Insight

2.1.12. WORK DAY. The number of hours per day the Contractor provides services in accordance with the contract.

2.1.12. WORK WEEK. Monday through Friday, unless specified otherwise.

2.2. ACRONYMS:

ACOR Alternate Contracting Officer's Representative

CFR Code of Federal Regulations

CONUS Continental United States (excludes Alaska and Hawaii)

COR Contracting Officer Representative

COTR Contracting Officer's Technical Representative

COTS Commercial-Off-the-Shelf

DD254 Department of Defense Contract Security Requirement List

DFARS Defense Federal Acquisition Regulation Supplement

DMDC Defense Manpower Data Center

DOD Department of Defense

FAR Federal Acquisition Regulation

HIPAA Health Insurance Portability and Accountability Act of 1996

CO Contracting Officer

OCI Organizational Conflict of Interest

OCONUS Outside Continental United States (includes Alaska and Hawaii)

ODC Other Direct Costs

PIPO Phase In/Phase Out

POC Point of Contact

PRS Performance Requirements Summary

PWS Performance Work Statement

QA Quality Assurance

QAP Quality Assurance Program

QASP Quality Assurance Surveillance Plan

QC Quality Control

QCP Quality Control Program

TE Technical Exhibit

PART 3

GOVERNMENT FURNISHED PROPERTY, EQUIPMENT, AND SERVICES

**3. GOVERNMENT FURNISHED ITEMS AND SERVICES:**

3.1. Services: The Government will provide initial orientation to the organizations and required training on a space available basis.

3.2 Facilities: The Government will provide the necessary workspace for the contractor staff to provide the support outlined in the PWS to include desk space, telephones, computers, and other items necessary to maintain an office environment on a space available basis.

3.3 Utilities: The Government will provide all utilities in the facility will be available for the contractor’s use in performance of tasks outlined in this PWS. The Contractor shall instruct employees in utilities conservation practices. The contractor shall be responsible for operating under conditions that preclude the waste of utilities, which include turning off the water faucets or valves after using the required amount to accomplish cleaning vehicles and equipment.

3.4 Equipment: The Government will provide a desk, telephone, computer, scanner, fax machine, and printer

3.5 Materials: The Government will provide Standard Operating Procedures and Policies and copier paper.

**PART 4 (NOT APPLICABLE IF CONTRACTORS WORK IN DHHQ)**

**PART 5 (NOT APPLICABLE –ALREADY (COVERED IN PART 1 SPECIFIC TASKS)**

**PART 6**

**OTHER TERMS, CONDITIONS, AND PROVISIONS**

**6.0 Other Terms, Conditions, and Provisions**

**6.1 Non-Disclosure /Non-Use Agreement – Deliverable 1:**

The Contractor shall ensure that the Non-Disclosure/Non-Use Agreement (Attachment to PWS) (**Deliverable 1**) is signed by all staff assigned to or performing on this Task order before performing any work, including all subcontractors and consultants. The Non-Disclosure/Non-Use Agreement shall be cosigned by a corporate official (Contractor Task Manager or higher). The Contractor shall also ensure that all staff understand and adhere to the terms of the non-disclosure statement, protecting the procurement sensitive information of the Government and the proprietary information of other Contractors. Assignment of staff who have not executed this statement or failure to adhere to this statement shall constitute default on the part of the Contractor.

**6.2 Information Assurance**

**6.2.1** Ensure that IA awareness, training, education, and professionalization are provided to all military and civilian personnel, including contractors, commensurate with their respective responsibilities for developing, using, operating, administering, maintaining, and retiring DoD information systems in accordance with Joint Medical Information System website.   
     
**6.2.2** Annual awareness training is required for all authorized users.   
   
**6.2.3** To ensure understanding of the critical importance of IA, all individuals with access to DoD IT systems are required to receive and complete initial IA awareness training before being granted access to the system(s) and annual IA awareness training to retain access. 

**6.3 Enterprise Architecture (EA)**

Not Applicable.

**6.4 Protection of Information**

**6.4.1 Dissemination of Information/Publishing**

There shall be no dissemination or publication, except within and between the Contractor and any subcontractors or specified Integrated Product/Process Team (IPT) members who have a need to know, of information developed under this order or contained in the reports to be furnished pursuant to this order without prior written approval of the TMA TM or the Contracting Officer. TMA approval for publication will require provisions which protect the intellectual property and patent rights of both TMA and the Contractor.

**6.4.2 Contractor Employees**

**6.4.2.1 Contractor Identification**

The Contractor shall ensure that Contractor personnel identify themselves as Contractors when attending meetings, answering Government telephones, providing any type of written correspondence, or working in situations where their actions could be construed as official Government acts.

**6.4.2.2 Attendance at Meetings**

Contractor personnel may be required to attend meetings or otherwise communicate with Government and/or other contract representatives to meet the requirements of this order. Contractor personnel make their Contractor status known during introductions.

**6.4.2.3 Use of Military Rank by Contractor Personnel**

Contractor personnel, while performing in a Contractor capacity, are prohibited from using their retired or reserve component military rank or title in all written or verbal communications associated with the contract under which they provide services.

**6.4.3 Personally Identifiable Information (PII), Protected Health Information (PHI) and Federal Information Laws:** The Contractor shall establish appropriate administrative, technical, and physical safeguards to protect any and all Government data. The Contractor shall also ensure the confidentiality, integrity, and availability of Government data in compliance with all applicable laws and regulations, including data breach reporting and response requirements, in accordance with Defense Federal Regulations Subpart 224.1 (Protection of Individual Privacy), which incorporates by reference current versions DoDD 5400.11, “DoD Privacy Program,” and DoD 5400.11-R, “DoD Privacy Program.” The Contractor shall also comply with federal laws relating to freedom of information and records management. The Contractor shall analyze any breach of PII/PHI for which it is responsible under the terms of this Contract under both the Privacy Act and Health Insurance Portability and Accountability Act (HIPAA), if applicable, to determine the appropriate course of action under each requirement, if any.

**6.4.4 Health Insurance Portability and Accountability Act:** The Contractor shall comply with all requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Pub. L. 104-191), as implemented by the HIPAA Privacy and Security Rules codified at 45 Code of Federal Regulations Parts 160 and 164, and as further implemented within the Military Health System (MHS) by DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2003, and DoD 8580.02-R, “DoD Health Information Security Regulation, July 12, 2007. The Contractor shall also comply with all applicable HIPAA-related rules and regulations as they are published and as further defined by later-occurring Government requirements and DoD guidance, including current and forthcoming DoD guidance implementing applicable amendments under the American Recovery and Reinvestment Act of 2009.  Any rules and regulations that are published, and/or requirements that are defined after the award date of this contract, and that require expenditure of additional Contractor resources for compliance, may be considered “changes” and will be subject to the “changes” clause under the contract. In addition, specific HIPAA requirements, including but not limited to, HIPAA breach responses in Section 1.36.3.

**6.4.5 Privacy Act Breach Response:** Current version DoD 5400.11-R, “DoD Privacy Program,” incorporated herein by reference, defines a breach as the “actual or possible loss of control, unauthorized disclosure, or unauthorized access of personal information where persons other than authorized users gain access or potential access to such information for other than authorized purposes where one or more individuals will be adversely affected.” Within one hour of discovery, the breach must be reported to the [US Computer Emergency Readiness Team (US CERT)](http://www.us-cert.gov/), the [DHA Privacy Office](mailto:PrivacyOfficerMail@tma.osd.mil), and the DHA Contracting Officer.

The Contractor shall adhere to the reporting and response requirements set forth in the Office of the Secretary of Defense Memorandum 1504-07, “Safeguarding Against and Responding to the Breach of Personally Identifiable Information,” June 5, 2009; DoD 5400.11-R, also incorporated herein by reference, and consult DHA Privacy Office for guidance.

**6.4.6 Federal Information Security Management Act (FISMA) – Deliverable 2:** OMB Memorandum M-09-29 asserts that agencies are responsible for ensuring information technology acquisitions comply with the information technology security requirements in the Federal Information Security Management Act (44 U.S.C. 3544), OMB’s implementing policies including Appendix III of OMB Circular A-130, and guidance and standards from the National Institute of Standards and Technology (NIST).

The Contractor shall, in accordance with DoD regulations, create and deliver to the government, a report consisting of the results of the quarterly FISMA assessment **(Deliverable 2).**

**6.4.7 Data at Rest:** The Contractor shall provide encryption of data at rest in accordance with information assurance control ECCR-1 Encryption for Confidentiality (Data at Rest) and Encryption of data in transit in accordance with information assurance control ECCT-1 Encryption for Confidentiality (Data in Transit),per DoDI 8500.2, Information Assurance (IA) Implementation, February 6, 2003; DoDI 8510.01, DoD Information Assurance Certification and Accreditation Process (DIACAP), November 28, 2007 and DoD Memorandum Department of Defense Guidance on Protecting Personally Identifiable Information (PII), August 18, 2006.

**6.4.8 Systems of Records:** In order to meet the requirements of 5 U.S.C. 552a, the [Privacy Act of 1974](http://www.defenselink.mil/privacy/documents/pa1974.pdf), and its implementation within the Military Health System (MHS) under DoD 5400.11-R, “ DoD Privacy Program,” May 14, 2007, the Contractor shall identify to the Contracting Officer Representative (COR) systems of records that are maintained or operated for DHA where records of personally identifiable information (PII) collected from individuals are maintained and specifically retrieved using a personal identifier. Upon identification of such systems to the COR, and prior to the lawful operation of such systems, the Contractor shall coordinate with the [DHA Privacy Office](mailto:SORmail@tma.osd.mil) to complete Systems of Records Notices (SORNs) for submission and publication in the Federal Register as coordinated by the Defense Privacy Office, and as required by DoD 5400.11-R.

Following proper SORN publication and Government confirmation of Contractor authority to operate the applicable system(s), the Contractor shall also comply with the additional systems of records and SORN guidance, in coordination with the DHA Privacy Office, regarding periodic system review, amendments, alterations, or deletions set forth by DoD 5400.11-R, Office of Management and Budget (OMB) Memorandum 99-05, Attachment B, and OMB [Circular A-130](http://www.whitehouse.gov/omb/circulars/a130/a130trans4.html).

**6.4.9 Privacy Impact Assessment (PIA):** The Contractor shall provide for the completion of a PIA for any applicable systems that collect, maintain, use or disseminate PII or PHI about members of the public, federal personnel, contractors, or in some cases foreign nationals.

To begin the PIA process, the Contractor is responsible for the completion of the PIA Determination Checklist.  This Checklist provides basic system information to the DHA Privacy Office and ensures that the appropriate decision concerning PIA requirements is made.  The current mandatory Checklist is available from the DHA Privacy Office.

The Contractor is responsible for the employment of practices that satisfy the requirements and regulations of: Section 208 of E-Government (E-Gov) Act of 2002, (Pub. L. 107-347); DoDI 5400.16, “DoD Privacy Impact Assessment (PIA) Guidance,” February 12, 2009; and, Office of Management and Budget (OMB) Memorandum 03-22, “OMB Guidance for Implementing the Privacy Provisions of the E-Government Act of 2002,” September 26, 2003. These documents are incorporated by reference. When completing PIA, the Contractor is responsible for using DoD-approved PIA Template, [DD Form 2930](http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2930.pdf).

Completed PIA Determination Checklists and DD Form 2930s will be sent to the [DHA Privacy Office](mailto:piamail@tma.osd.mil).

**6.4.10 Data Sharing Agreement (DSA):** A DSA which may be referred to in other sources as a Data Use Agreement (DUA), is currently used to control the disclosure, use, storage and/or destruction of MHS data that is managed by DHA to ensure compliance with privacy and security requirements applicable to PII, including but not limited to PHI. In addition, research requests for MHS data that include PHI must be reviewed for HIPAA compliance by the DHA Privacy Board.

Under DoD 6025.18-R, “DoD Health Information Privacy Program,” January 24, 2003, C8.3.4, a DSA is required to establish permitted uses for certain types of data IAW HIPAA requirements to prevent the unauthorized use and/or disclosure of any PII or PHI. Likewise, all uses, disclosures, and destruction of PII and PHI data are generally subject to DoD 5400.11-R, “DoD Privacy Program,” May 14, 2007, as well as DoDI 8500.2, “Information Assurance (IA) Implementation,” Feb. 6, 2003, and DoD 8580.02-R, “DoD Health Information Security Regulation,” July 12, 2007.

To begin the data sharing request process, the Contractor shall complete and submit a [Data Sharing Agreement Application (DSAA)](http://www.tricare.mil/tma/privacy/Templates.aspx) or contact the [DHA Privacy and Civil Liberties Office](mailto:DSA.mail@tma.osd.mil) (Privacy Office), and copy the Contracting Officer, if the application is approved, the requestor will enter into one of the following agreements, depending on the data involved:

* DSA for De-Identified Data
* DSA for PHI
* DSA for PII Without PHI
* Data Use Agreement for Limited Data Set.

After receiving DSA approval, anyone needing access to information system applications or data sources must contact the responsible system program office. DSAs are active for one year, or until the end of the current option year, whichever comes first. If the DSA will not be renewed, the Contractor shall provide a Certificate of Data Disposition (CDD) to the Privacy Office.

**6.4.11 Privacy Act and HIPAA Training:** The Contractor shall ensure that its entire staff, including subcontractors and consultants that perform work on this Contract receive training on the Privacy Act of 1974 (5 U.S.C. 552a) and Health Insurance Portability and Accountability Act of 1996 (Pub. L. 104-191). The training requirements are mandated by OSD Memorandum 15041-07, “Safeguarding Against and Responding to the Breach of Personally Identifiable Information”: DoD 6025.18-R, “DoD Health Information Privacy Regulation”, January 24, 2003; and the DHA Workforce Training Policy Memorandum, dated May 28, 2008, on the subject, “Workforce Training Policy Pursuant to the Department of Defense Privacy Act Regulations and the Department of Defense Health Insurance Portability and Accountability Act Privacy and Security Regulations”.

All required Privacy Act and HIPAA training will be conducted online through [Military Health System Learn (MHS Learn)](https://mhslearn.csd.disa.mil/ilearn/en/learner/mhs/portal/home.jsp) or the current DHA learning management system (LMS) in place to deliver training to meet the above requirements. The Contractor shall ensure all employees and subcontractors supply a certificate of Privacy Act and HIPAA training completion to the COR within 30 days of being assigned to the Task Order and on an annual basis based on the trainee’s birth month thereafter.

**6.4.12 Records Management:** When creating and maintaining official government records, the Contractor shall comply with all federal requirements established by 44 United States Code (USC), 41 USC, 36 Code of Federal Regulations, Department of Defense Administrative Instruction No. 15 (DOD AI-15), “Records Management, Administrative Procedures and Records Disposition Schedules,” and Chapter 2 of the TRICARE Operations Manual.

**6.4.13 Freedom of Information Act (FOIA) Office:** DHA Freedom of Information (FOIA) procedures require a written request under the Act to be addressed to the FOIA Officer, DHA, 16401 East Centretech Parkway, Aurora, Colorado 80011-9066. The request shall describe the desired record as completely as possible to facilitate its retrieval from files and to reduce search fees which may be borne by the requestor. No more than ten working days shall elapse after a request has been received by the Freedom of Information Officer before notification is sent that the request has been granted or denied. The administrative time limit for responding to FOIA requests does not begin until the request is received by DHA.

In response to requests received by the Contractor for the release of information, unclassified information, documents and forms which were previously provided to the public as part of routine services shall continue to be made available in accordance with previously established criteria. All other requests from the public for release of DHA records and, specifically, all requests that reference the Freedom of Information Act shall be immediately forwarded to DHA, ATTENTION: Freedom of Information Officer, for appropriate action. Direct contact, including interim replies, between DHA contractors and such requestors is not authorized. The Contractor shall process requests by individuals for access to records about themselves under the Privacy Act procedures when those procedures are more advantageous to the requestor.

**6.5 Enterprise-wide Contractor Manpower Reporting Application, Policy Alert 13-38 dated 13 May 2013, DPAP Memorandum dated 28 November 2012 and Policy Alert 13-59 dated 14 Aug 2013.**

CONTRACTOR MANPOWER REPORTING FOR CONTRACT PERFORMANCE WORK STATEMENTS and Related Background Information

The contractor shall report ALL contractor labor hours (including subcontractor labor hours) required for performance of services provided under this contract for the [NAMED COMPONENT] via a secure data collection site. The contractor is required to completely fill in all required data fields using the following web address: <http://www.ecmra.mil/>

Reporting inputs will be for the labor executed during the period of performance during each Government fiscal year (FY), which runs October 1 through September 30. While inputs may be reported any time during the FY, all data shall be reported no later than October 31 of each calendar year, beginning with 2013. Contractors may direct questions to the help desk at help desk at: <http://www.ecmra.mil>

**PART 7**

**APPLICABLE PUBLICATIONS**

**7**. **APPLICABLE PUBLICATIONS (CURRENT EDITIONS)**

7.1. The Contractor must abide by all applicable regulations, publications, manuals, and local policies and procedures.

DoDI 6000.08 Defense Health Program Funding Administration of Research and Clinical Investigation Programs, January 22, 2014

DoD Directive 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” June 4, 2008

DoD 7000.14-R, “DoD Financial Management Regulation,” March 1, 1997

DoD Instruction 4000.19, “Support Agreements” April 25, 2013

DoD Directive 5500.07, “Standards of Conduct,” November 29, 2007

DoD Directive 5124.02, “Under Secretary of Defense for Personnel and Readiness (USD(P&R)),” June 23, 2008

DoD 5500.07-R, “Joint Ethics Regulation,” August 30, 1993

DoD Directive 5535.03, “Department of Defense Domestic Technology Transfer (T2) Program,” May 21, 1999

DoD Instruction 5535.08, “DoD Technology Transfer (T2) Program Procedures,” May 14, 1999

DoD Instruction 3216.02, “Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research,” November 8, 2011

DoD Instruction 3216.01, “Use of Animals in DoD Programs,” September 13, 2010

Interim DoD Instruction 5000.02 “Operation of the Defense Acquisition System” November 25, 2013

Department of Defense Instruction 4000.19 “Support Agreements,” April 25, 2013

DoD 5400.11-R, DoD Privacy Program; the Health Insurance Portability and Accountability Act of 1996

DoD 6025.18-R, DoD Health Information Privacy Regulation

DoD 5400.11-R, OSD Memorandum "Safeguarding Against and Responding to the Breach of PII"

**PART 8**

**ATTACHMENT/TECHNICAL EXHIBIT LISTING**

**8. Attachment/Technical Exhibit List:**

* 1. Attachment 1/Technical Exhibit 1 *–* Performance Requirements
  2. Attachment 2/Technical Exhibit 2 – Deliverables Schedule
  3. Attachment 3/Technical Exhibit 3 – Estimated Workload Data

# TECHNICAL EXHIBIT 1

**Performance Requirements Summary**

The contractor service requirements are summarized into performance objectives that relate directly to mission essential items. The performance threshold briefly describes the minimum acceptable levels of service required for each requirement. These thresholds are critical to mission success.

|  |  |  |  |
| --- | --- | --- | --- |
| **PERFORMANCE OBJECTIVE** | PWS REF | **PERFORMANCE STANDARD** | **METHOD OF SURVEILLANCE** |
| Service Provision  & Management | PWS Overall | The Contractor and Contract Personnel shall demonstrate professionalism and acceptable quality of work in performance of the PWS and are responsive to recommendations provided by ILAB with no exception. Personnel ensure that all submittals are well- written in English, delivered in a timely manner, well-organized and of professional scientific, technical, and analytical research caliber. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 1.**  The contractor shall provide Subject Matter or Senior Scientist Support | See PWS Paragraphs (1.3.A.1 & 1.4.A.1) | Deliverables are submitted as required with no more than one major revision required of each. Deliverables and Presentations to the DHA/J9 Director/Deputy and staff demonstrate preparation, expertise and a collaborative approach. Report and findings demonstrates thorough analysis of problem at hand and recommended solution sets are practical, frank and realistic. Methodology used to arrive at recommendation can be easily explained, supported or defended by DHA/J9 Director/Deputy and staff. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 2**  The contractor shall provide Program Analyst Support | See PWS Paragraphs (1.3.A.2 & 1.4.A.2) | All deliverables are to be submitted as required and acceptable to DHA/J9 Directorate with no more than one (1) major revision required of each. Overall, deliverables demonstrates understanding of DHA/J9 Directorate needs and constraints. Deliverables clearly outlines methodical procedures and measures to achieve program objectives. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 3**  The contractor shall provide Program Manager / Task Manger Support | See PWS Paragraphs (1.3.A.3 & 1.4.A.3) | All deliverables are to be submitted as required and acceptable to ASD-HA with no more than one (1) major revision required of each. Overall, deliverables demonstrates understanding of ASD-HA needs and constraints. Deliverables clearly outlines methodical procedures and measures to achieve program objectives. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 4**  The contractor shall provide Scientist / Technical Specialist Support | See PWS Paragraphs (1.3.A.4 & 1.4.A.4) | Deliverables are submitted as required with no more than one (1) major revision required of each. Deliverables and Presentations to the DHA/J9 Director/Deputy and staff demonstrate preparation, expertise and a collaborative approach. Report and findings demonstrates thorough analysis of problem at hand and recommended solution sets are practical, frank and realistic. Methodology used to arrive at recommendation can be easily explained, supported or defended by DHA/J9 Director/Deputy and staff. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 5**  The contractor shall provide Program Manager / Task Manager Support | See PWS Paragraphs (1.3.A.5 & 1.4.A.5) | All deliverables are to be submitted as required and acceptable to DHA/J9 Directorate with no more than one (1) major revision required of each. Overall, deliverables demonstrates understanding of DHA/J9 Directorate needs and constraints. Deliverables clearly outlines methodical procedures and measures to achieve program objectives. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 6**  The contractor shall provide Program Analyst Support | See PWS Paragraphs (1.3.A.6 & 1.4.A.6) | All deliverables are to be submitted as required and acceptable to DHA/J9 Directorate with no more than one (1) major revision required of each. Overall, deliverables demonstrates understanding of DHA/J9 Directorate needs and constraints. Deliverables clearly outlines methodical procedures and measures to achieve program objectives. | COR review of submittals, periodic observation, customer feedback, random inspection |
| **PRS # 7**  The contractor shall provide Return on Investment Analyst Support | See PWS Paragraphs (1.3.A.7 & 1.4.A.7) | All deliverables are to be submitted as required and acceptable to DHA/J9 Directorate with no more than one (1) major revision required of each. Overall, deliverables demonstrates understanding of DHA/J9 Directorate needs and constraints. Deliverables clearly outlines methodical procedures and measures to achieve program objectives. | COR review of submittals, periodic observation, customer feedback, random inspection |
| Quality Control Plan | See PWS Paragraphs (1.6.1 & 1.6.2) | The Contractor’s quality control procedures are effective in ensuring quality and timely submission of deliverables with rare exception. | COR review of submittals, periodic observation, customer feedback, random inspection |

**TECHNICAL EXHIBIT 2**

**DELIVERABLES SCHEDULE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Deliverable | Frequency | # of Copies | Medium/Format | Submit To |
| Meeting Agenda/Meeting Slides/Meeting Minutes | Agenda/Slides are available 2 business days prior to meeting 90% of the time; Minutes are available 2 business days after meeting 95% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Assignment of Task to  Responsible Contractor Staff | Tasks are assigned within 4 duty hours 95% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Task Management Functions | Correct POC identified and assigned 90% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Task Suspense/Completion Tracking | Internal/External suspense in met 95% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Attend Directorate/Division Meeting | Attend meetings 95% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Task Status Update Brief to Directorate/Division Chiefs | Brief activities 95% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Develop, Prepares and Process required Actions Related to Specific/Task/Project | Documentation prepared correctly 98% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Correctly Prepares Required Briefings, Inspections and Reports | Reports are prepared correctly 98% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |
| Other Reports, Briefings and Updates as Required | Other reports, briefing and updates are prepared correctly 98% of the time | At Minimum 1- Original and 1-Copy | Hard Copy and Email Copy | Responsible Government Action Officer |

**TECHNICAL EXHIBIT 3**

**ESTIMATED WORKLOAD DATA**

|  |  |  |  |
| --- | --- | --- | --- |
| ITEM | **DESCRIPTION** | **ESTIMATED QUANTITY** | |
| **1** | Full-Time Equivalents (FTEs) Needed Now  a. Scientist / Subject Matter Expert (Mid-Level)  b. Program Analyst (Mid-Level)  c. Program Analyst (Mid-Level)  c. Program Manager / Task manager (Mid-Level) | **4** | 40 – Hours per Week (Excluding Recognized Holidays per Section (1.6.3) of PWS |
| **2** | Full-Time Equivalents (FTEs) Needed Later  a. Scientist / Technical Specialist (Low to Mid-Level)  b. Program Manager / Task manager (Low to Mid-Level)  c. Program Analyst (Mid-Level) | **3** | 40 – Hours per Week (Excluding Recognized Holidays per Section (1.6.3) of PWS |
| **3** | Full-Time Equivalents (FTEs) Unfunded  a. Return on Investment Analyst (Low to Mid-Level)  b. Return on Investment Analyst (Low to Mid-Level) | **2** | Unfunded FTEs Included as Optional CLINs |
| **4** | Federal Work Year | **1,840** | 1,840 - Hours Total for Base-Year |
| **5** | Travel |  | Est. Minimum of 0, Maximum of 4 Trips (Subject to Government Approval / Needs) |

The above data are estimates provided for informational purposes only and do not represent the Government’s actual quantity requirements. Offerors should propose and justify an amount of work they believe sufficient to complete the tasks described in this PWS.